



ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
14 REILLY ROAD
FRANKFORT, KY 40601
TELEPHONE NUMBER (502) 564-6716

REGISTERED PERMIT-BY-RULE For BENEFICIAL REUSE OF SPECIAL WASTE DEP 7059F (1/06)

GENERAL INSTRUCTIONS

1. **APPLICABILITY** - This registration form must be completed and submitted to the Cabinet by persons who propose to beneficially re-use special waste.
2. **ASSISTANCE** – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716.
3. **SUBMISSION** – Please type or print legibly in permanent ink. Submit the original and one (1) copy of the completed registration form to the Division of Waste Management at the address noted above. If an item is not applicable to your facility write “N/A” in the space provided.
4. **LAWS AND REGULATIONS** – Registrants are expected to understand and comply with all laws and regulations applicable to beneficial reuse of special waste.

**REGISTERED PERMIT-BY-RULE
BENEFICIAL REUSE OF SPECIAL WASTE**

1. ☐ New Registration - A registration number will be assigned by the Cabinet.
2. ☐ This is a proposed modification of an existing registration.

Note: (If you checked **item 2**, complete one or both of the following two items.)

3. Agency Interest #: _____ 4. Registration #: ____ - _____

Registrant Information

(The corporation, LLC, business, person, government agency, etc., that owns or operates the facility.)

5. Registrant Name: _____
6. Registrant Mailing Address: _____
7. City: _____ 8. State: ____ 9. Zip Code: _____
10. Contact Person: _____ 11. Title: _____
12. Phone #: (____)____ - _____ 13. Cell #: (____)____ - _____
14. Fax #: (____)____ - _____ 15. E-Mail Address: _____

Special Waste Facility Information

16. Facility Name: _____ 17. County: _____
18. Facility Location: _____ 19. E-Mail Address: _____
(For street or physical location only. Do not use P. O. Box #'s, etc.)
20. City: _____ 21. Zip Code: _____
22. Facility Contact Person: _____ 23. Title: _____
24. Phone #: (____)____ - _____ 25. Fax #: (____)____ - _____ 26. Cell #: (____)____ - _____

Preparer Information

(Complete items 27 – 36 if the following information concerning the person preparing this registration is different from the contact persons named above.)

27. Preparers Name: _____ 28. Company: _____
29. Mailing Address: _____ 30. E-mail Address: _____
31. City: _____ 32. State: ____ 33. Zip Code: _____
34. Phone #: (____)____ - _____ 35. Fax #: (____)____ - _____ 36. Cell #: (____)____ - _____

37. List the source (special waste generating facility) of the special waste to be beneficially reused. If there are multiple sources and more space is needed, use additional sheets and label as **Attachment 1**.

Special waste generator: _____

Special waste generator: _____

Special waste generator: _____

Special waste generator: _____

38. Provide, as **Attachment 2**, a description of the type and anticipated volume of special waste to be beneficially reused.

39. Provide as **Attachment 3**, a copy of the Toxicity Characteristic Leaching Procedure (TCLP) laboratory analysis for each type of special waste to be beneficially reused.

Note: You may omit the TCLP analysis or specific parameters of the analysis based upon your knowledge of the Special Waste, pursuant to 40 CFR 262.11. Should you elect to do this, a certified statement accepting responsibility will be required. Polychlorinated Biphenyls (PCBs) may also be omitted from the parameters listed in 401 KAR 45:100 Section 6(20)(b). Any certified statement for the omission of the TCLP or PCB data should be labeled as **Attachment 4**.

40. Provide, as **Attachment 5**, a description of how the special waste will be managed.

41. Provide, as **Attachment 6**, a description of how management and reuse of the special waste meets the environmental performance standards of 401 KAR 30:031.

42. **Attachment 7** is to be used to maintain a record of the special waste sources and amounts received. This form shall be utilized for quarterly reports submitted to the Cabinet.

43. Certification pursuant to 401 KAR 45:030 Section 10(4):

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.”

Signature of Registrant _____ Date _____

Name of Registrant (Typed or Printed) _____

Title _____

Subscribed and sworn to before me by _____

this the _____ day of _____, 20 _____.

Notary Public Signature _____

My Commission Expires _____

Attachment 7 Special Waste Sources and Amounts Log Sheet

1. Registrant Name: _____ 2. County: _____

3. Agency Interest #: _____ 4. Registration #: ____ - _____

5. Contact Person: _____ 6. Title: _____

7. Phone #: (____) ____ - ____ 8. Fax #: (____) ____ - ____ 9. Cell #: (____) ____ - ____

Report prepared for the months of: _____, _____ and _____ Year: _____

Name of Special Waste Generator (Source of Special Waste)	Amount Received (Dry Tons)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations."

Authorized Signature _____ Date _____

Name: (Typed or Printed) _____ Title: _____